

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							10/563418							
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT			AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1						51								
2						52								
3						53								
4						54								
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40						90								
41						91								
42						92								
43						93								
44						94								
45						95								
46						96								
47						97								
48						98								
49						99								
50						100								
TOTAL IND.		↓	2	↓		↓								
TOTAL DEP.		←	46	←		←								
TOTAL CLAIMS			48											